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| Fill                                                                                                              | in this information to                 | identify your case:      |                            |                       |                                                           |                |                |                                               |    |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|----------------------------|-----------------------|-----------------------------------------------------------|----------------|----------------|-----------------------------------------------|----|
| D                                                                                                                 | ebtor 1                                | Vincent                  | Wilkerson                  | Beale                 |                                                           |                |                |                                               |    |
|                                                                                                                   |                                        | First Name               | Middle Name                | Last Name             |                                                           | Check if this  | is:            |                                               |    |
|                                                                                                                   | ebtor 2                                |                          |                            |                       |                                                           | An amen        | 0              |                                               |    |
| ,                                                                                                                 | Spouse, if filing)                     | First Name               | Middle Name                | Last Name             |                                                           |                | ment showing p | postpetition<br>f the following date:         |    |
| U                                                                                                                 | nited States Bankrup                   | otcy Court for the:      |                            | Southern District     | t of Texas                                                |                |                | 3                                             |    |
| _                                                                                                                 | ase number                             |                          |                            |                       |                                                           | MM / DD / YYYY |                |                                               |    |
| (                                                                                                                 |                                        |                          |                            |                       |                                                           |                |                |                                               |    |
| Of                                                                                                                | ficial Form                            | 106J                     |                            |                       |                                                           |                |                |                                               |    |
| Sc                                                                                                                | chedule l                              | <br>: Your Exp           | nenses                     |                       |                                                           |                |                | 40/4                                          | _  |
|                                                                                                                   |                                        |                          |                            | unia ana filimanta ma | than bath one amount was                                  | iblo fon       |                | 12/1:                                         |    |
|                                                                                                                   |                                        |                          |                            |                       | tner, both are equally respo<br>write your name and case  |                |                | information. If more space is every question. |    |
| Da                                                                                                                | art 1: Describe                        | Your Household           |                            |                       |                                                           |                |                |                                               |    |
|                                                                                                                   |                                        |                          |                            |                       |                                                           |                |                |                                               | _  |
| 1.                                                                                                                | Is this a joint case                   |                          |                            |                       |                                                           |                |                |                                               |    |
|                                                                                                                   | No. Go to line 2                       |                          |                            |                       |                                                           |                |                |                                               |    |
|                                                                                                                   | Yes. Does Debt                         | tor 2 live in a separa   | te nousenoia?              |                       |                                                           |                |                |                                               |    |
|                                                                                                                   |                                        | Debtor 2 must file Off   | ficial Form 106J-2.        | . Expenses for Sep    | parate Household of Debtor 2                              | 2.             |                |                                               |    |
| 2.                                                                                                                | Do you have depe                       |                          | □No                        | · , ,                 |                                                           |                |                |                                               |    |
|                                                                                                                   | Do not list Debtor 1                   |                          | _                          | nis information for   | Dependent's relationship                                  | p to D         | ependent's     | Does dependent live                           |    |
|                                                                                                                   | Debtor 2.                              |                          | each depende               |                       | Debtor 1 or Debtor 2                                      | aç             | je             | with you?                                     |    |
|                                                                                                                   | Do not state the dep                   | pendents' names.         |                            |                       | wife                                                      | 4              | 1              | . ☐No. ☑Yes.                                  |    |
|                                                                                                                   |                                        |                          |                            |                       | Child                                                     | 9              | years          | . ☐No. ☑Yes.                                  |    |
|                                                                                                                   |                                        |                          |                            |                       | Child                                                     | 6              | years          | . □No. ☑Yes.                                  |    |
|                                                                                                                   |                                        |                          |                            |                       |                                                           |                |                | - □No. □Yes.                                  |    |
|                                                                                                                   |                                        |                          |                            |                       |                                                           |                |                |                                               |    |
|                                                                                                                   |                                        |                          |                            |                       |                                                           |                |                | No. Yes.                                      |    |
| 3.                                                                                                                | Do your expenses<br>of people other th |                          | ☑ No<br>□ Yes              |                       |                                                           |                |                |                                               |    |
|                                                                                                                   | your dependents?                       | •                        | Yes                        |                       |                                                           |                |                |                                               |    |
|                                                                                                                   |                                        |                          |                            |                       |                                                           |                |                |                                               |    |
| Pa                                                                                                                | art 2: Estimate                        | Your Ongoing M           | lonthly Expens             | ses                   |                                                           |                |                |                                               |    |
|                                                                                                                   |                                        |                          |                            |                       | ng this form as a suppleme<br>the top of the form and fil |                |                | oort expenses as of a date after              | er |
|                                                                                                                   |                                        |                          |                            |                       | •                                                         |                |                |                                               |    |
|                                                                                                                   |                                        | d for with non-cash on a |                            |                       |                                                           |                | You            | ur expenses                                   |    |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the |                                        |                          |                            |                       |                                                           | ******         |                |                                               |    |
|                                                                                                                   | ground or lot.                         |                          |                            |                       |                                                           |                | 4              | \$2,750.00                                    |    |
|                                                                                                                   | If not included in I                   | ine 4:                   |                            |                       |                                                           |                |                |                                               |    |
|                                                                                                                   | 4a. Real estate taxe                   |                          |                            |                       |                                                           |                | 4a             | \$0.00                                        |    |
| 4b. Property, homeowner's, or renter's insurance                                                                  |                                        |                          |                            |                       |                                                           | 4b.            | \$100.00       |                                               |    |
|                                                                                                                   |                                        |                          |                            |                       |                                                           |                | 4c.            | \$0.00                                        |    |
|                                                                                                                   | 4c. Home maintena                      | nce, repair, and upke    | ep expenses                |                       |                                                           |                | 4d.            | \$0.00                                        |    |
|                                                                                                                   | 4 - 1   1                              | : _ :                    | a tractic conservation and |                       |                                                           |                | . •••          | \$(1)(1)                                      |    |

4d. Homeowner's association or condominium dues

\$0.00

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Debtor 1 Vincent Wilkerson Beale Case number (if known) Last Name

|                                                                                                                                                               | Yo           | our expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| Additional mortgage payments for your residence, such as home equity loans                                                                                    | 5            | \$0.00       |
| . Utilities:                                                                                                                                                  |              |              |
| 6a. Electricity, heat, natural gas                                                                                                                            | 6a. <u>—</u> | \$415.00     |
| 6b. Water, sewer, garbage collection                                                                                                                          | 6b           | \$138.00     |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                            | 6c           | \$300.00     |
| 6d. Other. Specify:                                                                                                                                           | 6d           | \$0.00       |
| Food and housekeeping supplies                                                                                                                                | 7            | \$500.00     |
| Childcare and children's education costs                                                                                                                      | 8.           | \$0.00       |
| Clothing, laundry, and dry cleaning                                                                                                                           | 9.           | \$50.00      |
| Personal care products and services                                                                                                                           | 10.          | \$50.00      |
| Medical and dental expenses                                                                                                                                   | 11           | \$50.00      |
| . <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.                                                           | 12.          | \$200.00     |
| . Entertainment, clubs, recreation, newspapers, magazines, and books                                                                                          | 13.          | \$0.00       |
| Charitable contributions and religious donations                                                                                                              | 14.          | \$360.00     |
| Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                     |              |              |
| 15a. Life insurance                                                                                                                                           | 15a. —       | \$0.00       |
| 15b. Health insurance                                                                                                                                         | 15b          | \$148.50     |
| 15c. Vehicle insurance                                                                                                                                        | 15c          | \$204.00     |
| 15d. Other insurance. Specify:                                                                                                                                | 15d          | \$0.00       |
| <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:                                                             | 16           | \$0.00       |
| Installment or lease payments:                                                                                                                                |              |              |
| 17a. Car payments for Vehicle 1                                                                                                                               | 17a          | \$792.00     |
| • •                                                                                                                                                           | 17b          | \$0.00       |
| 17b. Car payments for Vehicle 2                                                                                                                               | 17c.         | \$0.00       |
| 17c. Other. Specify:                                                                                                                                          | 17d.         | \$0.00       |
| 17d. Other. Specify:                                                                                                                                          | _            |              |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18           | \$0.00       |
| Other payments you make to support others who do not live with you.                                                                                           | 40           | 40.00        |
| Specify:                                                                                                                                                      | 19.          | \$0.00       |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.                                                         |              |              |
| 20a. Mortgages on other property                                                                                                                              | 20a          | \$0.00       |
| 20b. Real estate taxes                                                                                                                                        | 20b          | \$0.00       |
| 20c. Property, homeowner's, or renter's insurance                                                                                                             | 20c          | \$0.00       |
| 20d. Maintenance, repair, and upkeep expenses                                                                                                                 |              | \$0.00       |
| 20e. Homeowner's association or condominium dues                                                                                                              | 20e.         | \$0.00       |

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| Debtor 1 |                                                                                                  | Vincent                                                                         | Wilkerson                  | Beale       | Case number (i | Case number (if known) |  |  |  |
|----------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------|-------------|----------------|------------------------|--|--|--|
|          |                                                                                                  | First Name                                                                      | Middle Name                | Last Name   |                |                        |  |  |  |
| 21.      | Other. Spec                                                                                      | cify:                                                                           |                            |             | 21.            | +\$0.00                |  |  |  |
| 22.      | Calculate y                                                                                      | our monthly expens                                                              | ses.                       |             |                |                        |  |  |  |
|          | 22a. Add lin                                                                                     | nes 4 through 21.                                                               |                            |             | 22a.           | \$6,057.50             |  |  |  |
|          | 22b. Copy li                                                                                     | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                            |             | 22b.           | \$0.00                 |  |  |  |
|          | 22c. Add lin                                                                                     | e 22a and 22b. The                                                              | result is your monthly exp | 22c.        | \$6,057.50     |                        |  |  |  |
|          |                                                                                                  |                                                                                 |                            |             | L              |                        |  |  |  |
| 23.      | Calculate your monthly net income.                                                               |                                                                                 |                            |             |                |                        |  |  |  |
|          | 23a. Copy li                                                                                     | ine 12 (your combine                                                            | ed monthly income) from S  | Schedule I. | 23a.           | \$4,377.00             |  |  |  |
|          | 23b. Copy y                                                                                      | our monthly expense                                                             | es from line 22c above.    |             | 23b.           | <b>-</b> \$6,057.50    |  |  |  |
|          | 23c. Subtrac                                                                                     | ct your monthly expe                                                            | nses from your monthly in  | come.       |                | (0.1.000.70)           |  |  |  |
|          | The re                                                                                           | esult is your <i>monthly</i>                                                    | net income.                |             | 23c.           | (\$1,680.50)           |  |  |  |
|          |                                                                                                  |                                                                                 |                            |             |                |                        |  |  |  |
| 24.      | Do you expect an increase or decrease in your expenses within the year after you file this form? |                                                                                 |                            |             |                |                        |  |  |  |
|          | For example mortgage pa                                                                          |                                                                                 |                            |             |                |                        |  |  |  |
|          | <b>√</b> No.                                                                                     | None                                                                            |                            |             |                |                        |  |  |  |
|          | Yes.                                                                                             |                                                                                 |                            |             |                |                        |  |  |  |
|          |                                                                                                  |                                                                                 |                            |             |                |                        |  |  |  |
|          |                                                                                                  |                                                                                 |                            |             |                |                        |  |  |  |
|          |                                                                                                  |                                                                                 |                            |             |                |                        |  |  |  |